

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Eastern _____ District of New York 

Case number (if known): _____ Chapter you are filing under:

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

CLERK
U.S. BANKRUPTCY
EASTERN DISTRICT OF
NEW YORK

2024 JUN -6 A 0:40

RECEIVED

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Walter First name M Middle name Dunn Last name Jr. Suffix (Sr., Jr., II, III)	First name Middle name Last name Suffix (Sr., Jr., II, III)
2. All other names you have used in the last 8 years Include your married or maiden names and any assumed, trade names and <i>doing business as</i> names. Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.	Walter First name Middle name Dunn Last name First name Middle name Last name Business name (if applicable) Business name (if applicable)	First name Middle name Last name First name Middle name Last name Business name (if applicable) Business name (if applicable)
3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	XXX - XX - <u>7</u> <u>3</u> <u>0</u> <u>6</u> OR 9 XX - XX - _____	XXX - XX - _____ OR 9 XX - XX - _____

Debtor 1

Walter M. Dunn, Jr.

First Name

Middle Name

Last Name

Case number (if known)

About Debtor 1:**About Debtor 2 (Spouse Only in a Joint Case):****4. Your Employer Identification Number (EIN), if any.**

EIN

EIN

EIN

EIN

5. Where you live

12 Laila Lane

Number Street

Remsenburg

City

NY

State

11960

ZIP Code

Suffolk

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

Post Office Box 1034

P.O. Box

Remsenburg

City

NY

State

11960

ZIP Code

If Debtor 2 lives at a different address:

Number Street

City

State

ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

6. Why you are choosing this district to file for bankruptcy*Check one:*

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Debtor 1

Walter M. Dunn, Jr.

First Name

Middle Name

Last Name

Case number (if known)

Part 2: Tell the Court About Your Bankruptcy Case**7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13

8. How you will pay the fee

☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

☐ No

☒ Yes. District Eastern When 10/13/2023 Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

☒ No

☐ Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?

☒ No. Go to line 12.

☐ Yes. Has your landlord obtained an eviction judgment against you?

☐ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1

Walter M. Dunn, Jr.

First Name Middle Name Last Name

Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

- ☒ No. Go to Part 4.
☐ Yes. Name and location of business

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- ☒ No. I am not filing under Chapter 11.
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.
☐ Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1

Walter M. Dunn, Jr.

First Name

Middle Name

Last Name

Case number (if known)

Part 4:**Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

☒ No☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number

Street

City

State

ZIP Code

Debtor 1

Walter M. Dunn, Jr.

First Name

Middle Name

Last Name

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

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☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

Walter M. Dunn, Jr.

First Name

Middle Name

Last Name

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes**16. What kind of debts do you have?****16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.**17. Are you filing under Chapter 7?**☐ No. I am not filing under Chapter 7. Go to line 18.**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
☒ No
☐ Yes

18. How many creditors do you estimate that you owe?

- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

19. How much do you estimate your assets to be worth?

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

20. How much do you estimate your liabilities to be?

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

x  x

Signature of Debtor 1

Signature of Debtor 2

Executed on 06/06/2024

MM / DD / YYYY

Executed on

MM / DD / YYYY

Debtor 1

Walter M. Dunn, Jr.

First Name Middle Name Last Name

Case number (if known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

- ☐ No
☒ Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

- ☐ No
☒ Yes


Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

- ☒ No

- ☐ Yes. Name of Person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

x  x

Signature of Debtor 1

Date

06/06/2024
MM/DD/YYYY

Contact phone _____

Cell phone _____

Email address _____

Signature of Debtor 2

Date

MM/DD/YYYY

Contact phone _____

Cell phone _____

Email address _____

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK**

-----X
In Re:

Walter M. Dunn, Jr

Case No.

Chapter 7



Debtor(s)
-----X

VERIFICATION OF CREDITOR MATRIX/LIST OF CREDITORS

The undersigned debtor(s) or attorney for the debtor(s) hereby verifies that the creditor matrix/list of creditors submitted herein is true and correct to the best of his or her knowledge.

JUNE 06, 2024

Dated: Central Islip, New York



Walter M. Dunn, Jr.
Debtor

Joint Debtor

s/

Attorney for Debtor

Abstract LLC
P O Box 33720
Detroit MI 48232-3720

Advanced Reprographic Solutions
20 Heritage Pl
Nesconset NY 11767

Aflac
636 Plan Rd
Clifton Park NY 12065

Ameripath New York LLC
P O Box 740978
Cincinnati OH 45274-0978

Ardilio Charles
1115 N Broadway
Massapequa NY 11758

Arlo Thomas
4391 New York Ave
Island Park NY 11558

AT&T
508 Jefferson Plz
Port Jefferson Station NY 11776

Bayview Lawn Care & Property Management
P O Box 26
Remsenburg NY 11960

Berger Charles R
Garden City NY 11501

Blum Barry
123 Main Street
New Hyde Park NY 11040

Canzone Cory
46 Robinwood St
Mastic NY 11950

Chavez Weslan Co
P O Box 32
Aquebogue NY 11931

Circle J Club at Jeremy Ranch
P O Box 4068
Carlsbad CA 92018

Conklin Harold Lee
123 Ripplewater Ln
Cary NC 27518

ConServe
200 CrossKeys Office Park
Fairport NY 14450

Consolidated Technologies Inc
10 Midland Ave
Port Chester NY 10573

Cook Maran & Associates
40 Marcus Dr 3rd Floor
Melville NY 11747

Copynet Office Technologies
101 Plymouth Ave
East Patchogue NY 11772

C Tech Collections Inc
P O Box 402
Mt Sinai NY 11766

Daniel Jeran DPM
521 Route 111 Suite 309

Hauppauge NY 11788-4371

Department of Labor
Unemployment Insurance
P O Box 4301
Binghamton NY 13902-4301

Department of Taxation and Finance
Department of Labor
Unemployment Insurance Division
P O Box 15012
Albany NY 12212-5012

Department of Taxation and Finance
Office of Processing and Taxpayer Services
W A Harriman Campus
Albany NY 12227-0888

Department of the Treasury
Internal Revenue Service
Ogden UT 84201-0039

Drs. Curtis and Campbell LLP
515 Montauk Highway Suite 2
East Moriches NY 11940-1240

Dunn Engineering Associates PC
66 Main St
Westhampton Beach NY 11978

Dwyer Michael

E-Transit

Ewan Desmond
Digney Ave
Bronx NY 10466

ENT & Allergy Associates LLP

Filazzola Tom

Fineron Matthew
1612 Aldersgate
Riverhead NY 11901

Fineron Nicole
1612 Aldersgate
Riverhead NY 11901

Gimpelman Alex
Nizdyn Ave
P O Box 443
Remsenburg NY 11960

Gordon Robert
Plainview NY

Grzymkoski Mirosław

Herstein Harold I (deceased)

Hill Ronald N
97 Breese Lane
Southampton NY 11968

Holmes Cecelia (deceased)

Independent Recovery Resources Inc
24 Railroad Ave
Patchogue NY 11772

Informative Abstracts Inc
32 SE 2nd Avenue Suite 419

Delray Beach FL 33444

Internal Revenue Service
1180 Vets Mem Hwy
Hauppauge NY 11788-4457

Internal Revenue Service
Special Procedures
2 Metro Tech Center
100 Myrtle Avenue
11201

Jennifer Gaudiello Tax Clerk
Village of Westhampton Beach
165 Mill Road
Westhampton Beach NY 11978

Karpowicz Dennis
23 Tarkill Rd
Ridge NY 11961

Kazlow & Fields
8100 Sandpiper Circle Suite 204
Baltimore MD 21236

Lamont William

Latoski Steven
1929 Davis Ave
Kingman AZ 86401

Lenihan Patrick
Dynasty Dr
Ridge NY 11961

Long Island Anesthesia Physicians
333 Route 25A Suite 225
Rocky Point NY 11778-8802

M&T Bank
P O Box 840
Buffalo NY 14240-0840

Mancinelli John (deceased)

Mao Yousheng

Meeting House Lane Medical Practice PC
P O Box 5545
Hicksville NY 11801-5545

Merchants Insurance Group
250 Main St
Buffalo NY 14202

Michael Adam Shichman Esq
109 High Farms Road
Old Brookville NY 11545

Morrobelt Angel
99th Street
Corona NY 11368

MTA Bridges and Tunnels
Violations Processing Center
P O Box 15186
Albany NY 12212-5186

New York State
Department of Labor
P O Box 2939
Albany NY 12201-1939

New York State Dept of Labor
Unemployment Insurance Division
Harriman State Office Campus
Albany NY 12240

New York State Department of Tax
Bankruptcy Unit
P O Box 5300
Albany NY 12205-0300

Northwell Health Dept of Cardiology
P O Box 28372
New York NY 10087-8372

NYS Workers Compensation Board
Attn: Finance Office
328 State St Rm 331
Schenectady NY 12305-2302

NYU Grossman School of Medicine
Faculty Group Practice
P O Box 415662
Boston MA 02241

NYU Physician Services
P O Box 415662
Boston MA 02241

Patio Building Condominium Corporation
c/o Gary J Weber Esq
64C Old Riverhead Road
P O Box 1588
Westhampton Beach NY 11978

Peconic Bay Medical Center
1 Heroes Way
Smithtown NY 11787-3211

Peconic Bay Medical Center
1300 Roanoke Avenue
Riverhead NY 11901-2058

Peconic Bay Primary Medical PC
P O Box 2377

Riverhead NY 11901-3110

Professional Claims Bureau LLC
P O Box 9060
Hicksville NY 11802-9060

PSEG
117 Doctors Path
Riverhead NY 11901

PSEG Long Island
P O Box 9050
Hicksville NY 11802-9050

Randelle Inc
100 First Street Suite 199
Hackensack NJ 07601

Rankel Matthew
26 Smiths Ln
Commack NY 11725

Ready Refresh
275 Oak Dr
Syosset NY 11791

Ready Refresh
P O Box 856192
Louisville KY 40285-6192

Reddan Surveying Inc
982 Montauk Hwy, Ste 6
Bayport NY 11705

Reiss Robert A
51 Seacliff Ave
Miller Place NY 11764

Remmer Sharon Norton

Richardson Colin
14 Janet St
Port Jefferson Station NY 11776

Roach Daniel
2 Maple St
Sound Beach NY 11789

Rogers Thomas
13 Heather Dr
P O Box 983
Remsenburg NY 11960

Savik & Murray
35 Carlough Rd Ste 3
Bohemia NY 11716

R&T Medical PC
285 Sills Road Bldg 5-6 Suite H
East Patchogue NY 11772-4869

Schmidt Angela
96 Belleview Ave
Center Moriches NY 11934

Southampton Town Tax Receiver
116 Hampton Road
Southampton NY 11968-4998

State of New York
Office of Attorney General
28 Libert Street 1st Floor
New York NY 10005

Stony Brook Southampton Hospital
P O Box 250

Amherst NH 03031

Stony Brook Southampton Hospital
P O Box 1102
New York NY 10276-1102

Stony Brook Southampton Hospital
P O Box 21587
New York NY 10087

Suffolk County Div of Finance & Taxation
330 Center Drive
Riverhead NY 11901-3311

Suffolk County Treasurer
330 Center Drive S
Riverhead NY 11901

Suffolk County Water Authority
2045 Route 112 Suite 5
Coram NY 11727

Summit Investment Management LLC
1700 Lincoln Street Suite 2150
Denver CO 80203

Sunrise Credit Services Inc
8 Corporate Center Dr Suite 300
Melville NY 11747

Sweezy Fuel Co Inc
51 Rider Avenue
Patchogue NY 11772

TIAA FSB OBA EverBank
c/o Logs Legal Group LLP
175 Mile Crossing Boulevard
Rochester NY 14624

Timothy Groth, MD, PC
994 West Jericho Turnpike Suite 104
Smithtown NY 11787-3211

Traffic Counts Collecting Inc
65-39 Maurice Ave
Woodside NY 11377

Transworld Systems Inc
1105 Schrock Road Suite 300
Columbus OH 43229

United States Attorney
271 Cadman Plaza
Attn: Chief of Civil Division Brooklyn NY 11201

Uniteq States Attorney's Office
Eastern District of New York
610 Federal Plaza 5th Floor
Attn: Long Island Bankruptcy Processing
Central Islip NY 11722-4454

Vetri Roman
Country Estates Rd
Westhampton NY 11977

Walker Matthew
Thompson St
East Patchogue NY 11772

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UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

In re: WALTER M. DUNN, JR Case No. 7
Chapter

Debtor(s)

AFFIRMATION OF FILER(S)

All individuals filing a bankruptcy petition on behalf of a pro se debtor(s), must provide the following information:

Name of Filer: DOUGLAS SCHMIEDER
Address: 170 MAIN ST - # 5 WESTHAMPTON BEACH
Email Address: Schmieder001@gmail.com NY 11978
Phone Number: (305) 518-7560
Name of Debtor(s): WALTER M. DUNN JR

CHECK THE APPROPRIATE RESPONSES:

ASSISTANCE PROVIDED TO DEBTOR(S):

☐ I PREPARED THE PETITION AND/OR ASSISTED WITH THE PAPERWORK BY DOING THE FOLLOWING: _____

☒ I DID NOT PROVIDE THE PAPERWORK OR ASSIST WITH COMPLETING THE FORMS.

FEE RECEIVED:

☒ I WAS NOT PAID.

☐ I WAS PAID.

Amount Paid: \$ _____

I/We hereby affirm the information above under the penalty of perjury.

Dated: 6-6-24

[Signature]
Filer's Signature